

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/242525** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
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35		1				
36		1				
37	1					
38	1					
39		1				
40		1				
41		20				
42	1					
43		1				
44		3				
45		3				
46						
47						
48						
49						
50						
TOTAL IND.	20					
TOTAL DEP.	52					
TOTAL CLAIMS	72					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						